

**Conclusions** The result suggests the involvement of myelin damage in the pathogenesis of mania, Li offers protection against such damage.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.374>

#### EV0046

### Valproate used during pregnancy: What should be done?

J.N. Beezhold<sup>1,\*</sup>, D. Fagard<sup>2</sup>, C. Harabaiju<sup>3</sup>

<sup>1</sup> Norfolk and Suffolk NHS Foundation Trust, Central Norfolk Acute Service, Norwich, United Kingdom

<sup>2</sup> UEA, Norwich Medical School, Norwich, United Kingdom

<sup>3</sup> Norwich School, Sixth form, Norwich, United Kingdom

\* Corresponding author.

**Background** Sodium valproate can cause serious developmental disorders in unborn babies if taken while pregnant, especially in the first trimester.

**Aim** To review recent literature and advice or treatment for women who have or are using valproate whilst pregnant.

**Design** Literature review.

**Methods** Literature review using Pubmed with search terms: 'bipolar'; 'pregnant'; 'valproate' and following up references.

**Results** There are several small methodologically flawed studies that attempt to address this question and will be reprised. Three key population register studies found high rates of malformations. A retrospective study of longer-term outcomes found high rates of developmental issues. There are several relevant treatment guidelines, including from the National Institute for Health and Clinical Excellence (NICE). There is a 40% risk of developmental disorder, a 10% risk of congenital malformations and a 3% risk of IQ deterioration.

**Conclusions** Avoid valproate in women of childbearing age if at all possible, and consider effective contraception if used. If already pregnant then consider, with involvement from the patient, stopping or minimizing the dose of sodium valproate. Assess the risks and benefits of using sodium valproate during pregnancy versus stopping the treatment for the first trimester as symptoms of the disorder may return. Seek advice from a perinatal psychiatrist. Add 5 mg of folic acid daily for the remainder of the pregnancy.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.375>

#### EV0047

### Assessment of psychotic symptoms in bipolar disorder

F. Cazan<sup>1,\*</sup>, R. Paunescu<sup>2</sup>, A. Tamas<sup>1</sup>

<sup>1</sup> Clinical Emergency Hospital for Children Cluj-Napoca, Psychiatry, Cluj-Napoca, Romania

<sup>2</sup> University of Medicine and Pharmacy Cluj-Napoca, Neurosciences, Cluj-Napoca, Romania

\* Corresponding author.

**Introduction** Bipolar disorder is a disabling condition characterized by the presence of manic, depressive, hypomanic or mixed episodes, affective symptoms that may coexist with several types of psychotic features.

**Objectives** The purpose is to evaluate the frequency of psychotic symptoms among bipolar disorder.

**Method** The study included 55 bipolar patients admitted in the Psychiatry Clinical Hospital from January 2012 until May 2013. Inclusion criteria were represented by diagnosis of bipolar disorder, manic or depressive episode, according to DSM-IV-TR and

ICD 10 criteria. Clinical instruments used to assess the severity of the current affective episode were Young Mania Rating Scale (YMRS) for manic patients and Hamilton Depression Rating Scale-17 items – (HDRS) for the depressive ones. Psychotic symptoms were evaluated with the Brief Psychiatric Rating Scale-18 items – (BPRS).

**Results** Out of the 55 patients, 32 had psychotic symptoms upon admission to the hospital. BPRS results showed delusions of guilt, inutility, hypochondriac and nihilistic delusions for the depressed patients. Delusions of grandiosity and megalomania accounted for most of psychotic symptoms in manic patients. A smaller number of patients showed delusions of invention and reform. Perception disturbances such as auditory hallucinations were present in both diagnosis categories but in a higher percentage in depressive bipolar patients.

**Conclusions** Even if less frequently than in schizophrenia or schizoaffective disorder, psychotic symptoms are present in bipolar disorder. They influence the general functioning and the outcome of patients diagnosed with this illness.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.376>

#### EV0048

### Profile of depression in women attending antenatal clinics in Blantyre District, Malawi

G. Chorwe-Sungani<sup>1,\*</sup>, J. Chipps<sup>2</sup>

<sup>1</sup> Kamuzu College of Nursing, Community and Mental Health, Blantyre, Malawi

<sup>2</sup> University of the Western Cape, School of Nursing, Bellville, South Africa

\* Corresponding author.

**Introduction** Depression is one of major health problems affecting pregnant women in low resource settings. It can lead to poor uptake of antenatal services. Data about prevalence of antenatal depression and associated risk factors remain scanty in Malawi. The study settings were eight selected antenatal clinics in Blantyre district, Malawi. The aim of this study was to assess prevalence of antenatal depression and associated risk factors among pregnant women attending antenatal clinics in Blantyre district, Malawi.

**Methods** This was a quantitative study which used a random sample of 97 pregnant women. Ethical approval was granted by relevant bodies. Descriptive and inferential statistics were used to analyse data.

**Results** Prevalence of antenatal depression in Blantyre district was 25.8% (n=25). Risk factors associated with antenatal depression included: "being distressed by anxiety or depression for more than two weeks during this pregnancy"; "feeling that pregnancy has been a positive experience"; "having a history of feeling miserable or depressed for two weeks or more before this pregnancy"; "relationship with partner is an emotionally supportive one"; "experiencing major stresses, changes or losses in the course of this pregnancy"; "having history of physical abuse when growing up", and "having concerns about being or becoming a mother".

**Conclusion** This study has shown that antenatal depression is prevalent in Malawi. It suggests that psychosocial interventions targeting pregnant women may be necessary to reduce antenatal depression and associated risk factors. However, further research regarding ways for assisting pregnant women to build and strengthen their psychosocial support structures is needed.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.377>